

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 14 PM 12:28

SECRETARY OF STATE
420100 PASSEY, FLORIDA

DOCUMENT # 703333

1. Corporation Name

Community Baptist Church of Tampa, Inc

REINSTATEMENT JD-03

2. Principal Office Address

1234 82nd St. S

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33619

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1961

5. FEI Number

59-0995503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles B. Richards

Street Address (P.O. Box Number is Not Acceptable)

1006 E. Flora St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles B. Richards

Date 4-6-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Charles B. Richards	1006 E. Flora St	Tampa FL 33604
V/D	Francisco A. Fernandez	714 Isleton Dr	Brandon FL 33511
T/T	Betty Anderson	1713 Waikiki Wy	Tampa FL 33619
S/T	Karen Fernandez	714 Isleton Dr	Brandon FL 33511

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles B. Richards (Charles B. Richards)

4-6-03

(813) 238-3324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

gr ylu